

United States District Court

NORTHERN DISTRICT OF CALIFORNIA

ADR

E-filing

CARL P. McDONOUGH

SUMMONS IN A CIVIL CASE

CASE NUMBER:

C07-03087 BZ

V.

UNITED STATES OF AMERICA

TO: (Name and address of defendant)

UNITED STATES OF AMERICA

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

Richard J. Simons, Esq. SBN: 72676
FURTADO, JASPOVICE & SIMONS
22274 Main Street
Hayward, CA 94541
510/582-1080 Telephones
510/582-8254 Facsimile
Rick@fjlaw.com

an answer to the complaint which is herewith served upon you, within 30 days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgement by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

Richard W. Wieking

CLERK

JUN 13 2007

DATE _____


(BY) DEPUTY CLERK

AO 440 (Rev. 8/01) Summons in a Civil Action

RETURN OF SERVICEService of the Summons and Complaint was made by me ¹

DATE 06/14/07

Name of SERVER

ELAINE T. LANDRO

TITLE

Check one box below to indicate appropriate method of service

- ☐ Served Personally upon the Defendant. Place where served:
- ☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.
Name of person with whom the summons and complaint were left:
- ☐ Returned unexecuted:
- ☒ Other (specify): CERTIFIED MAIL, RETURN RECEIPT REQUESTED

STATEMENT OF SERVICE FEES

TRAVEL

SERVICES

TOTAL

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on

7/5/07

Date

Signature of Server

FURTADO, JASPOVICE & SIMONS
22274 Main Street
Hayward, CA 94541

Address of Server

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure

| U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| OFFICIAL USE | |
| Postage | \$ |
| Certified Fee | |
| Return Receipt Fee (Endorsement Required) | |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | \$ |
| Sent To US DOJ Street, Apt. No., or PO Box No. 150 PENNSYLVANIA AVE. NW City, State, ZIP+4 WASHINGTON, DC 20530-0001 PS Form 3800, January 2001 See Reverse for Instructions | |

6-14-07
Postmark Here

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. | A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <i>[Signature]</i> C. Date of Delivery <i>6-19-07</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No |
| 1. Article Addressed to: U.S. DEPARTMENT OF JUSTICE 950 PENNSYLVANIA AVENUE, NW WASHINGTON, DC 20530-0001 | 3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes |
| 2. Article Number (Transfer from service label) | |